



To: **Prospective Applicants for a Water Discharge Permit  
for Seafood Facilities**

Attached is a **Seafood Permit Application, WPC-5**, for a Louisiana Pollutant Discharge Elimination System (LPDES) permit, authorized under EPA's delegated NPDES program under the Clean Water Act. To be considered complete, every item on the form must be addressed and the last page signed by an authorized company agent. If an item does not apply, please enter "NA" (for not applicable) to show that the question was considered.

Two copies (one original and one copy) of your **completed application**, each with a marked **U.S.G.S. Quadrangle map** or equivalent attached, should be submitted to:

Department of Environmental Quality  
Office of Environmental Services  
Post Office Box 4313  
Baton Rouge, LA 70821-4313  
Attention: Water Permits Division

Please be advised that completion of this application may not fulfill all state, federal, or local requirements for facilities of this size and type.

According to L. R. S. 48:385, any discharge to a state highway ditch, cross ditch, or right-of-way shall require approval from:

Louisiana DOTD  
Office of Highways  
Post Office Box 94245  
Baton Rouge, LA 70804-9245  
(225) 379-1301

AND

Louisiana DHH  
Office of Public Health – Center for  
Environmental Health Services  
Post Office Box 4489  
Baton Rouge, LA 70821  
(225) 342-7395

In addition, the plans and specifications for sanitary treatment plants must be approved by the Louisiana DHH, Office of Public Health at the address above.

A copy of the LPDES regulations may be obtained from the Department's website at <http://www.deq.state.la.us/planning/regs/index.htm> or by contacting the Office of Environmental Assessment, Regulations Development Section, Post Office Box 4314, Baton Rouge, Louisiana 70821-4314, phone (225) 219-3550.

For questions regarding this application please contact the Water Permits Division at (225) 219-3181. For help regarding completion of this application please contact DEQ, Small Business Assistance at 1-800-259-2890.

Date \_\_\_\_\_  
Agency Interest No. AI \_\_\_\_\_  
LWDPS Permit No. WP \_\_\_\_\_  
NPDES/LPDES Permit LA \_\_\_\_\_

Please check  
all that apply:

<input type="checkbox"/>	Initial Permit
<input type="checkbox"/>	Permit Renewal
<input type="checkbox"/>	Existing Facility
<input type="checkbox"/>	Permit Modification
<input type="checkbox"/>	Proposed Facility

**STATE OF LOUISIANA**  
**DEPARTMENT OF ENVIRONMENTAL QUALITY**  
*Office of Environmental Services, Water Permits Division*  
**Post Office Box 4313**  
**Baton Rouge, LA 70821-4313**  
**PHONE#: (225) 219-3181**

**LPDES PERMIT APPLICATION TO DISCHARGE WASTEWATER  
FROM SEAFOOD FACILITIES**  
(Attach additional pages if needed.)

**SECTION I - FACILITY INFORMATION**

**A. Permit is to be issued to the following:** (must have operational control over the facility operations - see LAC 33:IX.2501.B and LAC 33:IX.2503.A and B).

1. Legal Name of Applicant (Company, Partnership, Corporation, etc.) \_\_\_\_\_

Facility Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_ Zip Code: \_\_\_\_\_

If applicant named above is not also the owner, state owner name, phone # and address.

\_\_\_\_\_  
\_\_\_\_\_

Please check status: ☐ Federal ☐ Parish ☐ Municipal  
☐ State ☐ Public ☐ Private ☐ Other: \_\_\_\_\_

2. Location of facility. Please provide a specific address, street, road, highway, interstate, and/or River Mile/Bank location of the facility for which the application is being submitted.

City \_\_\_\_\_ Zip Code: \_\_\_\_\_ Parish \_\_\_\_\_

Front Gate Coordinates:

Latitude- \_\_\_\_ deg. \_\_\_\_ min. \_\_\_\_ sec. Longitude- \_\_\_\_ deg. \_\_\_\_ min. \_\_\_\_ sec.

Method of Coordinate Determination: \_\_\_\_\_

(Quad Map, Previous Permit, website, GPS)

Is the facility located on Indian Lands? ☐ Yes ☐ No

## SECTION I - FACILITY INFORMATION (cont.)

3. Name & Title of Contact Person at Facility \_\_\_\_\_
- Phone \_\_\_\_\_ Fax \_\_\_\_\_ e-mail \_\_\_\_\_
- SIC (Standard Industrial Classification) Code(s): \_\_\_\_\_
- SIC codes can be obtained from the U. S. Department of Labor internet site at <http://www.osha.gov/oshstats/sicser.html>*

### B. Name and address of responsible representative who completed the application:

Name & Title \_\_\_\_\_

Company \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ e-mail \_\_\_\_\_

Address \_\_\_\_\_

### C. Facility Information.

1. Water Discharge Permit Revision (if applicable): Describe the requested revision to the existing Permit.

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2. What Type(s) of seafood is/are handled at the facility?

\_\_\_\_\_ Alligator

\_\_\_\_\_ Crab

\_\_\_\_\_ Crawfish

\_\_\_\_\_ Fish

\_\_\_\_\_ Oyster

\_\_\_\_\_ Shrimp

3. Provide the following information for each type of seafood:

- a. Check operations for each type of seafood. Check all that apply.

Alligator	Crab	Crawfish	Fish	Oyster	Shrimp
<input type="checkbox"/> Wash	<input type="checkbox"/> Sort	<input type="checkbox"/> Sort	<input type="checkbox"/> Sort	<input type="checkbox"/> Sort	<input type="checkbox"/> Sort
<input type="checkbox"/> Sort	<input type="checkbox"/> Wash	<input type="checkbox"/> Wash	<input type="checkbox"/> Clean	<input type="checkbox"/> Wash	<input type="checkbox"/> Peel
<input type="checkbox"/> Skin	<input type="checkbox"/> Pick	<input type="checkbox"/> Pack	<input type="checkbox"/> Dehead	<input type="checkbox"/> Pack	<input type="checkbox"/> Wash
<input type="checkbox"/> Pack	<input type="checkbox"/> Separate	<input type="checkbox"/> Peel	<input type="checkbox"/> Fillet	<input type="checkbox"/> Shuck	<input type="checkbox"/> Pack
<input type="checkbox"/> Hydroblast	<input type="checkbox"/> Pack	<input type="checkbox"/> Devein	<input type="checkbox"/> Pack		<input type="checkbox"/> Devein
<input type="checkbox"/> House	<input type="checkbox"/> Boil	<input type="checkbox"/> Dehead	<input type="checkbox"/> Descale		<input type="checkbox"/> Dehead
<input type="checkbox"/> Washwater		<input type="checkbox"/> Boil			<input type="checkbox"/> Boil

☐ Other Explain: \_\_\_\_\_

## SECTION I - FACILITY INFORMATION (cont.)

b. Check which months apply for each seafood type.

Alligator		Crab		Crawfish		Fish		Oyster		Shrimp	
<input type="checkbox"/>	January	<input type="checkbox"/>	January	<input type="checkbox"/>	January	<input type="checkbox"/>	January	<input type="checkbox"/>	January	<input type="checkbox"/>	January
<input type="checkbox"/>	February	<input type="checkbox"/>	February	<input type="checkbox"/>	February	<input type="checkbox"/>	February	<input type="checkbox"/>	February	<input type="checkbox"/>	February
<input type="checkbox"/>	March	<input type="checkbox"/>	March	<input type="checkbox"/>	March	<input type="checkbox"/>	March	<input type="checkbox"/>	March	<input type="checkbox"/>	March
<input type="checkbox"/>	April	<input type="checkbox"/>	April	<input type="checkbox"/>	April	<input type="checkbox"/>	April	<input type="checkbox"/>	April	<input type="checkbox"/>	April
<input type="checkbox"/>	May	<input type="checkbox"/>	May	<input type="checkbox"/>	May	<input type="checkbox"/>	May	<input type="checkbox"/>	May	<input type="checkbox"/>	May
<input type="checkbox"/>	June	<input type="checkbox"/>	June	<input type="checkbox"/>	June	<input type="checkbox"/>	June	<input type="checkbox"/>	June	<input type="checkbox"/>	June
<input type="checkbox"/>	July	<input type="checkbox"/>	July	<input type="checkbox"/>	July	<input type="checkbox"/>	July	<input type="checkbox"/>	July	<input type="checkbox"/>	July
<input type="checkbox"/>	August	<input type="checkbox"/>	August	<input type="checkbox"/>	August	<input type="checkbox"/>	August	<input type="checkbox"/>	August	<input type="checkbox"/>	August
<input type="checkbox"/>	September	<input type="checkbox"/>	September	<input type="checkbox"/>	September	<input type="checkbox"/>	September	<input type="checkbox"/>	September	<input type="checkbox"/>	September
<input type="checkbox"/>	October	<input type="checkbox"/>	October	<input type="checkbox"/>	October	<input type="checkbox"/>	October	<input type="checkbox"/>	October	<input type="checkbox"/>	October
<input type="checkbox"/>	November	<input type="checkbox"/>	November	<input type="checkbox"/>	November	<input type="checkbox"/>	November	<input type="checkbox"/>	November	<input type="checkbox"/>	November
<input type="checkbox"/>	December	<input type="checkbox"/>	December	<input type="checkbox"/>	December	<input type="checkbox"/>	December	<input type="checkbox"/>	December	<input type="checkbox"/>	December

How many days per month and hours per day on average do seafood operations occur during these months?

Alligator		Crab		Crawfish		Fish		Oyster		Shrimp	
Days/ Month	Hours/ Day	Days/ Month	Hours/ Day	Days/ Month	Hours/ Day	Days/ Month	Hours/ Day	Days/ Month	Hours/ Day	Days/ Month	Hours/ Day

c. Which months are considered **PEAK SEASON**?

Alligator		Crab		Crawfish		Fish		Oyster		Shrimp	
<input type="checkbox"/>	January	<input type="checkbox"/>	January	<input type="checkbox"/>	January	<input type="checkbox"/>	January	<input type="checkbox"/>	January	<input type="checkbox"/>	January
<input type="checkbox"/>	February	<input type="checkbox"/>	February	<input type="checkbox"/>	February	<input type="checkbox"/>	February	<input type="checkbox"/>	February	<input type="checkbox"/>	February
<input type="checkbox"/>	March	<input type="checkbox"/>	March	<input type="checkbox"/>	March	<input type="checkbox"/>	March	<input type="checkbox"/>	March	<input type="checkbox"/>	March
<input type="checkbox"/>	April	<input type="checkbox"/>	April	<input type="checkbox"/>	April	<input type="checkbox"/>	April	<input type="checkbox"/>	April	<input type="checkbox"/>	April
<input type="checkbox"/>	May	<input type="checkbox"/>	May	<input type="checkbox"/>	May	<input type="checkbox"/>	May	<input type="checkbox"/>	May	<input type="checkbox"/>	May
<input type="checkbox"/>	June	<input type="checkbox"/>	June	<input type="checkbox"/>	June	<input type="checkbox"/>	June	<input type="checkbox"/>	June	<input type="checkbox"/>	June
<input type="checkbox"/>	July	<input type="checkbox"/>	July	<input type="checkbox"/>	July	<input type="checkbox"/>	July	<input type="checkbox"/>	July	<input type="checkbox"/>	July
<input type="checkbox"/>	August	<input type="checkbox"/>	August	<input type="checkbox"/>	August	<input type="checkbox"/>	August	<input type="checkbox"/>	August	<input type="checkbox"/>	August
<input type="checkbox"/>	September	<input type="checkbox"/>	September	<input type="checkbox"/>	September	<input type="checkbox"/>	September	<input type="checkbox"/>	September	<input type="checkbox"/>	September
<input type="checkbox"/>	October	<input type="checkbox"/>	October	<input type="checkbox"/>	October	<input type="checkbox"/>	October	<input type="checkbox"/>	October	<input type="checkbox"/>	October
<input type="checkbox"/>	November	<input type="checkbox"/>	November	<input type="checkbox"/>	November	<input type="checkbox"/>	November	<input type="checkbox"/>	November	<input type="checkbox"/>	November
<input type="checkbox"/>	December	<input type="checkbox"/>	December	<input type="checkbox"/>	December	<input type="checkbox"/>	December	<input type="checkbox"/>	December	<input type="checkbox"/>	December

How many days per month and hours per day do seafood operations occur during **PEAK SEASON**?

Alligator		Crab		Crawfish		Fish		Oyster		Shrimp	
Days/ Month	Hours/ Day	Days/ Month	Hours/ Day	Days/ Month	Hours/ Day	Days/ Month	Hours/ Day	Days/ Month	Hours/ Day	Days/ Month	Hours/ Day

## SECTION I - FACILITY INFORMATION (cont.)

- d. What is the amount of seafood that can be processed per day?

Maximum Amount/day (lbs/day)			Average Amount/month during <b>PEAK SEASON</b> (lbs/day)		
Type of Seafood	Weight before processing	Weight after processing	Type of Seafood	Weight before processing	Weight after processing
Alligator			Alligator		
Crab			Crab		
Crawfish			Crawfish		
Fish			Fish		
Oyster			Oyster		
Shrimp			Shrimp		

4. If this is a Proposed Facility:

- a. If there are any technical evaluations concerning your wastewater treatment system, including engineering reports or pilot plant studies, please list below or attach if necessary.

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- b. Provide the name and location of any existing plant(s), which, to the best of your knowledge, resembles this facility with respect to processes, wastewater constituents, or wastewater treatment.

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5. What solid waste materials are disposed of separately from the wastewater? Please describe solid waste disposal.

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## SECTION II - DISCHARGE INFORMATION

- A. Complete this section for each discharge outfall.** Outfalls are discharge points. An external outfall is a discrete discharge point beyond which the waste stream receives no further mixing with other waste streams prior to discharging into a receiving waterbody. An internal outfall is an outfall for a waste stream that combines with other waste stream(s) before discharging into an "external" outfall. Please provide after-treatment test results in the units asked for on the application. For proposed facilities, estimates should be provided for any expected contaminants even though the facility is not in place yet.

Provide a description of all operations contributing wastewater to the effluent for the outfall including process wastewater, boil water, sanitary wastewater, cooling water, and storm water runoff; the average flow contributed by each operation; and the treatment received by the wastewater. Use additional sheets if necessary. Make additional copies for each outfall.

1. Outfall Identification. (ex: Outfall 001 – sanitary wastewater – 5,000 gpd)

Outfall No.	Operation Contributing Flow	Average Flow (gpd)

2. Outfall Location. Provide a description of the physical location for each outfall.

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3. Latitude/Longitude of Discharge:

Latitude- \_\_\_\_deg. \_\_\_\_min. \_\_\_\_sec. Longitude- \_\_\_\_deg. \_\_\_\_min. \_\_\_\_sec.

Method of Coordinate Determination: \_\_\_\_\_

(Quad Map, Previous Permit, website, GPS)

4. If a new discharge, when do you expect to begin discharging? \_\_\_\_\_

5. Indicate how the wastewater reaches state waters (named water bodies). This will usually be either *directly*, by *open ditch* (if it is a highway ditch, indicate the highway), or by *pipe*. Please specifically name all of the minor water bodies that your wastewater will travel through on the way to a major water body. This information can be obtained from U.S.G.S. Quadrangle Maps. Include river mile of discharge point if available.

By \_\_\_\_\_ (effluent pipe, ditch, etc.);

thence into \_\_\_\_\_ (parish drainage ditch, canal, etc.);

thence into \_\_\_\_\_ (named bayou, creek, stream, etc.);

thence into \_\_\_\_\_ (river, lake, etc.).

## SECTION II - DISCHARGE INFORMATION (cont.)

6. If the discharge is intermittent or seasonal, please complete the following table.

Frequency of Flow (average)			Flow Rate (gpd)	
Months per Year	Number of Days per Month	Number of Hours per Day		
			Long Term Avg.	Daily Maximum

7. Treatment Method. Please be specific.

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## SECTION III – LABORATORY ANALYSIS

### A. Laboratory Accreditation

If any of the analysis reported below were performed by a contract lab or consulting firm, provide the firm name, address, phone number and pollutants analyzed.

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Laboratory procedures and analyses performed by commercial laboratories shall be conducted in accordance with the requirements set forth under LAC 33:I.Subpart 3, Chapters 49-55.

Laboratory data generated by commercial laboratories that are not accredited under LAC 33:I.Subpart 3, Chapters 47-57, will not be accepted by the department. Retesting of analysis will be required by an accredited commercial laboratory.

Regulations on the Environmental Laboratory Accreditation Program and a list of labs that have applied for accreditation are available on the department website located at:

<http://www.deq.louisiana.gov/portal/tabid/2412/Default.aspx>

Questions concerning the program may be directed to the Office of Environmental Assessment, Laboratory Services Division at (225) 219-9800.

### B. Lab Analysis

Make additional copies as necessary. Sampling and analytical protocols must conform to the requirements in LAC 33:IX.Chapters 25 and 65, and 40 CFR Part 136; when no analytical method is approved, the applicant may use any suitable method but must provide a description of the method. For storm water discharges, indicate date and duration of storm event sampled, total inches of precipitation, and number of hours since the end of the previous storm event that was greater than 0.1 inches.

## SECTION III – LABORATORY ANALYSIS (cont.)

**Complete this section for each outfall. Complete this section for each pollutant, unless the applicant demonstrates a waiver for that pollutant is appropriate.**

### 1. Seafood Wastewaters

For discharges of *seafood wastewater or commingled seafood wastewater and treated sanitary wastewater*, complete the table below. (Proposed facilities shall have up to two years from commencement of operations to complete and submit the information below.)

Outfall Number: \_\_\_\_\_ Description: \_\_\_\_\_

Provide the sampling basis for the information supplied (i.e., one time grab sample, one day composite sample, 10 grab samples on separate days, etc.)

Pollutant	Effluent Analysis			
	Concentration (mg/l)		Mass (lbs/day)	
	Monthly Average	Daily Maximum	Monthly Average	Daily Maximum
BOD <sub>5</sub>				
TSS				
Oil & Grease				
Fecal Coliform (cols/100ml)**				
Ammonia (as N)**				
	Daily Maximum	Monthly Average Maximum*	Monthly Average Minimum	Method of Measure
Flow (GPD)				
	Minimum	Maximum		
Discharge Duration (hrs/day)				
pH (SU)				

\* Within the previous two years. (The monthly average maximum value is the highest value of all the monthly averages over the previous two years. The monthly average minimum is the lowest value of the monthly averages over the previous two years.)

\*\* Alligator only.

## SECTION III – LABORATORY ANALYSIS (cont.)

### 2. Sanitary Wastewater

For discharges of *treated sanitary wastewater*, complete the table below. (Proposed facilities shall have up to two years from commencement of operations to complete and submit the information below.)

Outfall Number: \_\_\_\_\_

Provide the sampling basis for the information supplied (i.e., one time grab sample, one day composite sample, 10 grab samples on separate days, etc.)

Pollutant	Effluent Analysis			
	Concentration (mg/l)		Mass (lbs/day)	
	Monthly Average	Weekly Average	Monthly Average	Weekly Average
BOD <sub>5</sub>				
Oil & Grease				
TSS				
Fecal Coliform Colonies/100 ml**				
	Weekly Average	Monthly Average Maximum*	Monthly Average Minimum	Method of Measure
Flow (GPD)				
	Minimum	Maximum		
Discharge Duration (hrs/day)				
pH (SU)				

\* Within the previous two years. (The monthly average maximum value is the highest value of all the monthly averages over the previous two years. The monthly average minimum is the lowest value of the monthly averages over the previous two years.)

\*\* Daily Maximum

## SECTION III – LABORATORY ANALYSIS (cont.)

3. Other wastewater, specify type \_\_\_\_\_

Complete the table below. (Proposed facilities shall have up to two years from commencement of operations to complete and submit the information below.)

Outfall Number: \_\_\_\_\_ Description: \_\_\_\_\_

Provide the sampling basis for the information supplied (i.e., one time grab sample, one day composite sample, 10 grab samples on separate days, etc.)

Pollutant	Effluent Analysis			
	Concentration (mg/l)		Mass (lbs/day)	
	Monthly Average	Daily Maximum	Monthly Average	Daily Maximum
BOD <sub>5</sub>				
TSS				
Oil & Grease				
Fecal Coliform (cols/100ml)**				
Ammonia (as N)**				
	Daily Maximum	Monthly Average Maximum*	Monthly Average Minimum	Method of Measure
Flow (GPD)				
	Minimum	Maximum		
Discharge Duration (hrs/day)				
pH (SU)				

\* Within the previous two years. (The monthly average maximum value is the highest value of all the monthly averages over the previous two years. The monthly average minimum is the lowest value of the monthly averages over the previous two years.)

\*\* Alligator only.

## SECTION IV – HISTORY

### A. Compliance History:

Report the history of all violations and enforcement actions for the facility, a summary of all permit excursions including effluent violations reported on the facility's Discharge Monitoring Reports (DMRs) and bypasses for the last three years. Using a brief summary, report on the current status of all administrative orders, compliance orders, notices of violation, cease and desist orders, and any other enforcement actions either already resolved within the past 3 years or currently pending. The state administrative authority may choose, at its discretion, to require a more in-depth report of violations and compliance actions for the applicant covering any law, permit, or order concerning pollution at this or any other facility owned or operated by the applicant.

### B. Site History

1. Date operations began at this site: \_\_\_\_\_

2. Is the current operator the original operator? ☐ Yes ☐ No

If **no**, give a reverse chronological list of previous operators. Include the company name and telephone number (if available), and the dates through which the company operated this facility.

Company	Dates of Operation		Telephone Number
	From	To	

## SECTION IV – HISTORY (cont.)

### C. Other Permit History

Facilities located in the Louisiana Coastal Zone as mapped by the Louisiana Department of Natural Resources (LDNR) (<http://sonris.com/direct.asp>) must provide verification that the company has either obtained a Coastal Use Permit or is not required to obtain a Coastal Use Permit.

1. Is this facility located in the Louisiana Coastal Zone as mapped by LDNR? ☐ Yes ☐ No

If yes:

2. Do you have a Coastal Use Permit issued by DNR: ☐ Yes ☐ No

3. Are there any operations at the facility that may impact coastal waters such as any project involving dredge or fill, water control structures, bulkheads, oil and gas facilities, marina or residential development?

☐ Yes ☐ No

If **yes**, you must contact DNR for a determination (888) 792-0432 or [HelpDeskDNR@la.gov](mailto:HelpDeskDNR@la.gov).

I have contacted LDNR and this facility is not required to obtain a Coastal Use Permit. ☐

If a Coastal Use permit is required, an application was submitted on: \_\_\_\_\_

## SECTION V – LAC 33:I.1701 REQUIREMENTS

- A. Does the company or owner have federal or state environmental permits identical to, or of a similar nature to, the permit for which you are applying in other states? (This requirement applies to all individuals, partnerships, corporations, or other entities who own a controlling interest of 50% or more in your company, or who participate in the environmental management of the facility for an entity applying for the permit or an ownership interest in the permit.)

☐ Permits in Louisiana. List Permit Numbers: \_\_\_\_\_

☐ Permits in other states (list states): \_\_\_\_\_

☐ No other environmental permits.

- B. Do you owe any outstanding fees or final penalties to the Department? ☐ Yes ☐ No

If yes, please explain. \_\_\_\_\_

- C. Is your company a corporation or limited liability company (LLC)? ☐ Yes ☐ No

If yes, is the corporation or LLC registered with the Secretary of State? ☐ Yes ☐ No

## SECTION VI – MAPS/DIAGRAMS

- A. Site Diagram.** Attach to this application a complete site diagram of your facility demonstrating how the wastewater flows through your facility into each clearly labeled discharge point (including all treatment points). Please indicate the location of the facility and the front gate or entrance to the facility on the site diagram.
- B. Topographic Map.** Attach to this application a map or a copy of a section of the map which has been highlighted to show the path of your wastewater from your facility to the first named water body. Include on the map the area extending at least one mile beyond your property boundaries. Indicate the outline of the facility, the location of each of its existing and proposed discharge structures.

A U.S.G.S. 1:24,000 scale map (7.5' Quadrangle) would be appropriate for this item. Appropriate maps can be obtained from local government agencies such as DOTD or the Office of Public Works.

Maps can also be obtained online at <http://map.deq.state.la.us/>. Private map companies can also supply you with these maps. If you cannot locate a map through these sources you can contact the

Louisiana Department of Transportation and Development at:

1201 Capitol Access Road  
Baton Rouge, LA 70802  
(225) 379-1107  
[maps@dotd.louisiana.gov](mailto:maps@dotd.louisiana.gov)

- C. Flow Diagram.** Attach a line drawing of the water flow through the facility with a water balance showing operations contributing wastewater to the effluent and treatment units. The water balance must show average and maximum flows at intake and discharge points and between units, including treatment units. If a water balance cannot be determined, the applicant may provide instead a pictorial description of the nature and amount of any sources of water and any collection and treatment measures. Hand drawn maps are acceptable.

According to the Louisiana Water Quality Regulations, LAC 33:IX.2503, the following requirements shall apply to the signatory page in this application:

#### Chapter 25. Permit Application and Special LPDES Program Requirements

##### 2503. Signatories to permit applications and reports

###### A. All permit applications shall be signed as follows:

1. For a corporation - by a responsible corporate officer. For the purpose of this Section responsible corporate officer means:

(a) A president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy- or decision-making functions for the corporation, or

(b) The manager of one or more manufacturing, production, or operating facilities employing more than 250 persons or having gross annual sales or expenditures exceeding \$25 million (in second-quarter 1980 dollars), if authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.

2. For a partnership or sole proprietorship - by a general partner or the proprietor, respectively; or

3. For a municipality, parish, State, Federal or other public agency - either a principal executive officer or ranking elected official. For the purposes of this Section a principal executive officer of a Federal agency includes:

(a) The chief executive officer of the agency, or;

(b) A senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency (e.g., Regional Administrator of EPA).

###### B. All reports required by permits, and other information requested by the state administrative authority shall be signed by a person described in LAC 33:IX.2503.A, or by a duly authorized representative of that person. A person is a duly authorized representative only if:

1. The authorization is made in writing by a person described in LAC 33:IX.2503.A.
2. The authorization specifies either an individual or a position having responsibility for the overall operation of the regulated facility or activity, such as a position of plant manager, operator of a well or well field, superintendent, position of equivalent responsibility, or an individual or position having overall responsibility for environmental matters for the company. (A duly authorized representative may thus be either a named individual or any individual occupying a named position); and
3. The written authorization is submitted to the state administrative authority.

###### C. Changes to authorization. If an authorization under LAC 33:IX.2503.B is no longer accurate because a different individual or position has responsibility for the overall operation of the facility, a new authorization satisfying the requirements of LAC 33:IX.2503.B must be submitted to the state administrative authority prior to or together with any reports, information, or applications to be signed by an authorized representative.

###### D. Any person signing any document under LAC 33:IX.2503.A or B shall make the following certification:

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing

violations."

## SIGNATORY AND AUTHORIZATION

Pursuant to the Water Quality Regulations (specifically LAC 33:IX.2503) promulgated September 1995, the state application must be signed by a responsible individual as described in LAC 33:IX.2503 and that person shall make the following certification:

**"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations."**

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Title \_\_\_\_\_

Company \_\_\_\_\_

Date \_\_\_\_\_

Telephone \_\_\_\_\_

### CHECKLIST

To prevent any unnecessary delay in the processing of your notice of intent to be covered under the general permit, please take a moment and check to be certain that the following items have been addressed and enclosed:

1. ALL questions and requested information have been answered (N/A if the question or information was not applicable).
2. ALL required maps, drawings, lab analysis, and other reports are enclosed.
3. The appropriate person has signed the signatory page.
4. Please forward the original and one copy of this application and all attachments.

**ANY APPLICATION THAT DOES NOT CONTAIN ALL OF THE REQUESTED INFORMATION WILL BE CONSIDERED INCOMPLETE. APPLICATION PROCESSING WILL NOT PROCEED UNTIL ALL REQUESTED INFORMATION HAS BEEN SUBMITTED.**

**NOTE: UPON RECEIPT AND SUBSEQUENT REVIEW OF THE APPLICATION BY THE PERMITS DIVISION, YOU MAY BE REQUESTED TO FURNISH ADDITIONAL INFORMATION IN ORDER TO COMPLETE THE PROCESSING OF THE PERMIT.**